

Notice of appeal against a decision of the Department for Work and Pensions – **Child Maintenance Group**

You should use this form to appeal against a decision regarding child support or maintenance made by the Child Maintenance Group of the Department for Work and Pensions (DWP). **You should only use this form for decisions made on or after 28 October 2013.** For decisions regarding social security benefits you should use form SSCS1. If you need this form in an alternative format, please see the note on page 8 of this form.

Further guidance to help complete this form is available in SSCS1A *'How to appeal against a decision made by the Department for Work and Pensions'*. You can download the booklet or find out where it can be obtained from by visiting the justice website www.justice.gov.uk

About this form

This form helps you provide all the information the tribunal requires to register your appeal. It will also ensure that your appeal contains all the necessary details which the law requires.

How to fill in this form

Please use black ink to fill in this form and use BLOCK CAPITALS unless the form tells you not to.

You must complete Sections 1, 2, 4, 5, 6, 7 and 9

If you want to attend a hearing, you must also complete Section 8

If you have a representative, you must also complete Section 3

What to include with this form

You **must** include a copy of the **mandatory reconsideration notice** which shows the decision you are appealing against. You do not need to include evidence/information you have already sent to the Child Maintenance Group as they will send it to us as part of their response.

Section 1

ABOUT THE DECISION YOU ARE APPEALING AGAINST

This section is about your **mandatory reconsideration notice**. This is the letter sent to you by the Child Maintenance Group explaining that they have looked at your decision again.

Does your mandatory reconsideration notice tell you that you have the right to appeal against the decision?

☐

Yes

☐

No

If No, please ensure you have read the section 'Can I Appeal?' in the booklet SSCS1A *'How to appeal against a decision made by the Department for Work and Pensions'* before continuing with this form.

Please tick this box to confirm that you have attached a copy of the **mandatory reconsideration notice** with your appeal form.

☐

Remember to include a copy of your mandatory reconsideration notice with your appeal form. If you do not do so, we will be unable to register your appeal until this is provided.

Now go to Section 2 

Section 2 ABOUT YOU

Fill in this section to tell us about you. You also need to tell us what your role in the child maintenance case is. You may be the paying parent or the parent who receives payments. Tick the appropriate box in this section to tell us about this.

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (please specify)

First name(s)

Surname

Address

Date of birth (DD/MM/YYYY)

/

National Insurance number*

letters		numbers				letter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postcode

Daytime phone number

Mobile phone number

Your child maintenance reference number

Please indicate your role in the child maintenance case by ticking one of the boxes below:

☐ I am the paying parent

This means you are the person who has been asked to make payments.

☐ I am the receiving parent

This means you are the person who will receive child maintenance payments.

☐ I am another party

Please explain your role here.

Section 3 ABOUT YOUR REPRESENTATIVE (If you have one)

This section is about your representative (If you have one)

By representative we mean someone acting on your behalf in a formal capacity. This might be an organisation like the Citizens Advice Bureau or a welfare rights service or it may be a friend or advisor who knows about child maintenance matters. If you name a representative here and give your signature at Section 9, this will authorise us to deal with your representative about your appeal. If you are unsure about this, please read the section 'About Your Representative' in the guidance booklet SSCS1A.

Do you have a representative?

☐

Yes

If Yes, please tell us about the person below

☐

No

If No, please go to Section 4 ➡

Name of organisation or of person representing

Phone number

Address

Postcode

If you are being represented by an organisation and you know the name of the person acting on your behalf, please tell us below

☐

Mr

☐

Mrs

☐

Miss

☐

Ms

☐

Other (*please specify*)

First name(s)

Surname

Section 4 ABOUT THE OTHER PERSON IN THE MAINTENANCE CASE

Tell us here about the **other person involved in the child maintenance case**. This could be the parent who is required to make payments or the parent who receives them. The other person in the case will be automatically involved in the appeal and HM Courts & Tribunals Service will send them copies of the relevant papers, keep them up to date on the progress on the appeal and invite them to attend any hearing. Depending on your circumstances, there may be more than one other person involved in the appeal.

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (*please specify*)

First name of the other person

Surname of the other person

Do you know the address of the other person?

☐ Yes ☐ No

If No, we will ask the Child Maintenance Group to tell us the address of the other person so that we can write to them about the appeal and send them copies of the papers.

If Yes, please provide the person's address below.

Address

If there is more than one person involved in the assessment, please provide their details on a separate sheet

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Now go to Section 5 

Section 5 ABOUT CONFIDENTIALITY

HM Courts & Tribunals Service must, by law, share all the evidence relating to the appeal with the other person involved in it. The other person may therefore receive information which shows where you live. **If you do not wish the other person to know where you live**, HM Courts & Tribunal Service can prevent this happening by removing address details from any evidence sent to the other person. Please indicate below whether the other person knows where you live and whether you want your address to be kept confidential.

Does the other person know where you live?

☐

Yes

☐

No

If No, do you want your home address to be kept confidential?

☐

Yes

☐

No

If there is more than one person involved in the case, your address will be withheld from all other persons involved if you have asked for confidentiality.

Now go to Section 6 

Section 6 ABOUT YOUR APPEAL

Grounds for appeal

In this section we need to know why you are appealing. Please write down in your own words the reasons why you disagree with the child maintenance decision. You do not have to use BLOCK CAPITALS in this section if your handwriting is clear. If you do not complete this section this will delay dealing with your appeal and the appeal form may be returned to you. For more information on grounds for appeal please refer to the 'About Your Appeal' section of the guidance booklet SSCS1A.

(if necessary, continue on a separate sheet and put your child maintenance reference number on each sheet)

Is your appeal in time?


According to the law, your appeal **must be received by the tribunal** no later than one calendar month after the date the **mandatory reconsideration notice** was sent to you. If your appeal is received after this date, it is a late appeal and the tribunal will need to know why it is late.

Is your appeal late?

☐ Yes

If Yes, you must give reasons below why your appeal is late

☐ No

If No, please go to Section 7 



If your appeal is late, you must give an explanation why. The tribunal will consider your reasons and can extend the time limit for you. If you do not give reasons why your appeal is late your appeal form may be sent back to you. Please tell us below why your appeal is late. You do not need to use BLOCK CAPITALS.

The Child Maintenance Group and the other person(s) involved in the appeal all have the right to object to a late appeal if they think there are grounds to do this. The tribunal will consider any objection they make and we will let you know the outcome.

Now go to Section 7 

Section 7 ABOUT YOUR CHOICE OF HEARING

Appeals are considered by an independent panel. We will make arrangements for your appeal to be heard by the panel and you, your representative or the other person(s) involved in the maintenance case will be expected to attend the hearing. If, however, you do not wish to attend a hearing you can ask for your appeal to be decided on the papers. Please tell us below how you would like us to deal with your appeal.

- I want to attend a hearing of my appeal ☐ If you have ticked this box, please go to Section 8 
- I want my appeal decided on the papers ☐ If you have ticked this box, please go to Section 9 

If you change your mind about this, you must tell us as soon as possible as it may be too late to change this once the hearing has been arranged. For more information, please refer to the 'About Your Choice of Hearing' section in the guidance booklet SSCS1A.

We will also write to the other person(s) involved in the maintenance case to ask how they would like the appeal to be decided. If any **other** person in the appeal opts to attend a hearing, then a hearing will be arranged, but **you** only need attend if you want to.

Section 8 ORAL HEARINGS — YOUR NEEDS AND REQUIREMENTS

You only need to answer these questions if you told us in Section 7 that you wanted to attend a hearing. If you have asked for your appeal to be decided on the papers, please skip this section and go straight to Section 9.

In this section we need to ask you a number of questions to help us arrange a suitable hearing for you. We will try to accommodate your needs and availability, but it may not always be possible to do this. Please answer questions 1 to 4 to give us the information we require. If you do not answer some of the questions we will have to contact you again and this may delay your appeal. You do not have to answer these questions using BLOCK CAPITALS.

Question 1 – Your availability

Tribunal hearings are held Monday to Friday from 10am to 5pm and in our larger hearing centres also on Saturday. To allow you to attend your hearing, we will try to arrange a time and date in line with your availability. It is important that you tell us here if there are any days of the week or times of the day when you **cannot** attend a tribunal or any dates when you are unavailable because of things like booked holidays and hospital appointments. You should consider your availability for the six months ahead.

Are you available to attend a hearing at any time?

☐

Yes

☐

No

If No, please tell us when you cannot attend in the box below

Question 2 – Your needs

Please tell us here of any special needs you may have which we need to think about when arranging your hearing.

This might be things such as hearing loops or disability access.

Do you have any special needs?

☐

Yes

If Yes, please tell us about this in the box below

☐

No

Question 3 – Your signer or interpreter and language requirements

Do you require an interpreter or signer to assist you at the hearing?

☐

Yes

If Yes, please tell us the language and dialect required below

☐

No

Language or type of sign language interpreter

Dialect

We will arrange for a professional interpreter to be present at the hearing. Please refer to the section 'Completing form SSCS1' in the guidance booklet SSCS1A for more information about interpreters.

Question 4 – Your notice of hearing

We will usually give you at least 14 days' notice of the date of the hearing. If you agree, we can also give you less than 14 days' notice. This may allow the appeal to be arranged more quickly if, for example, another appeal is cancelled and yours can replace it at short notice.

Do you agree to receiving less than 14 days' notice of a hearing?

☐

Yes

☐

No

Section 9 YOUR SIGNATURE

You must sign your appeal form for it to be valid. If you have named a representative in Section 3, your signature will also give HMCTS your authority to deal with them when they contact us on your behalf.

Signature

Date (DD/MM/YYYY)

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Name

If you are a representative signing this form on behalf of the person who is appealing, you must send their signed authority for you to act on their behalf with this form.

WHAT TO DO NOW

You need to send your appeal form **and a copy of the mandatory reconsideration notice** to HM Courts & Tribunals Service.

If you live in England & Wales
you should send your appeal to:

HMCTS SSCS Appeals Centre
PO Box 1203
BRADFORD
BD1 9WP

If you live in Scotland you should
send your appeal to:

HMCTS SSCS Appeals Centre
PO Box 27080
GLASGOW
G2 9HQ

CHECKLIST

You may find this checklist useful to help you make sure you have provided all the information we need.

- ☐ I have included a copy of the mandatory reconsideration notice
(Section 1)
- ☐ I have indicated my role in the child maintenance case
(Section 2)
- ☐ I have identified the other person(s) involved in the appeal
(Section 4)
- ☐ I have stated whether I need my address to be kept confidential
(Section 5)
- ☐ I have given grounds for my appeal (Section 6)
- ☐ I have chosen the type of hearing I want (Section 7)
- ☐ I or my representative have signed my appeal form (Section 9)

Alternative Formats

If you need this form in an alternative format, for example in large print or Welsh, please call 0300 123 1142 if you live in England or Wales and 0141 354 8400 if you live in Scotland.